Submit Renewal to: ARKANSAS INSURANCE DEPARTMENT FINANCE DIVISION

1 Commerce Way, Suite 505 Little Rock, AR 72202-2087 501-371-2665, fax 501-371-2747

For questions: lnsurance@Arkansas.gov

Renewal Application - Trusteed Reinsurer

Annual renewal fee of \$500.00		
Company Name NAIC # Home Office Mail Address Contact Person, Title Facsimile #		Telephone #E-Mail
	d in the most recent annual state	changes in the Company's financial status ment filed as a part of this application?
	(Date)	(Signature)

PLEASE ALSO COMPLETE THE "Trusteed Reinsurer Renewal Checklist" provided below.

Company Name	
NAIC#	
	Trusteed Reinsurer Filing Checklist:
Check each ite	em below to assure it is enclosed with this filing.
investments at the p	No later than February 28 of each year, the trustees of the trust shall issioner in writing setting forth the balance of the trust and listing the trust's preceding year end and certify by affidavit. (a) that the trust shall not expire I date OR (b) when the trust shall terminate.
MAINTENANCE of Million Dollars (\$2	(a) If a single assuming insurer — must show proof of a trusteed surplus for business written in the U.S.A. of not less than Twenty 0,000,000).
show proof of MA	of individual unincorporated underwriters are the assuming insurer – must INTENANCE of a trusteed surplus for business written in the U.S.A. of not dred Million Dollars (\$100,000,000) <u>AND</u> an annual Certificate of Solvency r.
MAINTENANCE (\$10,000,000,000); in the U.S.A. of no member must provi	of incorporated insurers are the assuming insurer – must show proof of of policyholder surplus of not less than Ten Billion Dollars and shows proof of MAINTENANCE of trusteed surplus for business written at less than One Hundred Million Dollars (\$100,000,000); <u>AND</u> each group de to the Commissioner an annual Certification of Solvency by that members or <u>AND</u> its independent public accountant.
cede business to business.	Provide a list semi-annually of Arkansas Domestic Companies, which company, along with the reinsurance intermediaries, which placed such
for the amount of th	Check, made payable to the Arkansas Insurance Department Trust Fund, ne applicable fees.